MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1 08355 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH (18343
	1. PLACE OF DEATH a. COUNTY Charles	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE New Jersey b. COUNTY
	MANTLAND	
	b. CITY OF TOWN (If outside corporate limits, write RURAL and sive nearest town)	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) Farmingdale
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	U.S.Route #301	ON A FARM? YES NO A
	3. NAME OF OECEASED (Type or print) LVDF CHESTER	BOREV 4. DATE Month Day Year, DEATH 6 7 1966
	5. SEX 6. COLOR OR RATE 7. MARRIED NEVER MARRIED DIVORCED	3 OATE OF BIRTH 9. AGE (In years IF UNDER / YEAR IF UNDER 24 HRS. Hours Min. 7. OATE OF BIRTH 9. AGE (In years IF UNDER / YEAR IF UNDER 24 HRS. Hours Min. 7. OATE OF BIRTH
h	10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Т	during most of working life, even if retired) INOUSTRY	COUNTRY?
ŀ	Carpenter Construction Construc	h Summerville, S.C. U.S.A.
ŀ	10. FATHER S HAIRE	
1	Chester F. Boren	Blanche Dangerfield
Т	(Vas. no. or unknown) ((if you give war or dates of service))	INFORMANT 27 Carol Lane Farmingdale,
ı	No Unkown Mr	. Chester F. Boren-Father N.J.
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN ONSET AND DEATH
1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CHUSHING	INIBRICS TO CHISEI AND DEATH
1	8/6/ DUE TO 7 0 1 - 1 -	hix a Dear's 126
1	Conditions, if any, which	WODU - TARTIC 6-1166
ı	gave rise to immediate cause (a), stating the DUE TO	4001/
1	underlying cause last. (c)	1007
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	5 Da.DK	YES NO E
	208. EXTERNAL GAUSE WAS 200-TOESCA BE TOW TOURY OCS	PRIED. (Enter nature of injury in Part I or Part II of Item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOT RELATED TO SEATH BUTNOT RELATED TO	eHIND by tRAILER TOLAUTER
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
7	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA The p.m. 6 - 7 6 at work at work 200.	1- Huse White Having Chas Nel
	21. I certify that I took charge of the remains described above, he	d an Autopsy , Inspection Inquiry , and in my opinion
	death resulted from: Natural causes , Accident . Su	cide , Homicide , Undetermined manner
1	1 0-0	CHIEF MEDICAL EXAMINER
	SIGNATURE A deler	_M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S F. J. EDELEN	Maddless (Street, city, town, or county) 6-7-66
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
	Burrier (Specify) 6/11/1966 Summervill	e Cemetery Summerville , South Carol
	Zanks duneral Home-Summer whise, S. C	arolina. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ina
	Arehart Funeral Home, Inc La Plata	Md. WHIN 14 1966 Ocharles Judge

VR A15ME 3500 4-64

.A.S.F .V. paul == neignistence principle Allegador para de la companya del companya de la companya del companya de la comp Proposition of the Land of the Proposition of the Control of the C

rege 4 may be recamed by the nospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00000			CERTIF	IUMIL	OF DEATE				Har	144	
1.	PLACE OF DEAT	Н				2. USUAL RESIDENCE	CE (Where de			lesidence	before ad	lm(ssion)
						a. STATE	4	b. COU				
	Charles	IN Alf outside commerce	An Hartha		LAND	Maryland	1	<u> </u>	arles	and ob	le meeres	A fanan)
	write RURAL	N (If outside corpora and give nearest too	vn)	c. LENGTH OF STA	Y IN 1D	c. CITY OR TOWN (If	outside co	rporate iimits, w			e neares	(town)
_	La Plat		081 (75 a a 6 1 a b	6/6 - 6/1		Indian l	lead		0	8-1	IC DEC	IOENCE.
	U. MANIE OF HO	SPITAL OR INSTITUTION		iospital, give street a	address)	d. STREET ADDRESS					IS RES	ARM?
	Physici	Memori	ar Hosp	oital .		1016 St	rauss	Avenue		Y	ES 🗌	ND 🛛
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE		th	Day	Yea	er
	(Type or print)	D	oris	E.		Bowie	DEAT	H Jun	e	17	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8		9				IF UNDER	24 HRS.
	Female	White	WIDOWEO			10/27/13		1ast birthday) 52 yrs.	Months	Days	Hours	Min.
1Da	. USUAL DCCUPAT	TION (Give kind of work	done 10b. H	KIND DF BUSINESS DI		11. BIRTHPLACE (C	ounty & Stat		y) 12. C	ITIZEN	OF WHAT	
dui	ring most of work	ing life, even if retire	(bd)	INDUSTRY	· James	Tilianda				DUNTRY	?	
13	. FATHER'S NAM	OUSEWIF	0 1 2	Dillest	/ C	Illinois 14. MOTHER'S MAIL	DEN NAME		U	.S.A		
		?	161	100		KATHLE	5611	RAK	ED			
15	. WAS DECEASED	EVER IN U.S. ARMED FI	ORCES? 16.	SDCIAL SECURITY NO	0.] 17.	INFORMANT	3 4000	Addre	ess			
(Y	es, no, er unkown)	(If yes give war or dates	of service)	4-28-426	3 FF	PANCIS BA	wie 7	TAIR! AN	HEA	D /	mn	
=	18. CAUSE OF	DEATH (Feder only or	V. 1			MIN -13 100	1	DIATIO	13277	INTE	RVAL BE	TWEEN
		DEATH (Enter only or	47	inte rol (a), (b), and (CITY.	n. '	1	1			ET AND I	
	PARI I, DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)()	Downing	al Jun	Caranoh	~4los	5				
	157 Y	DUE		,								
	Conditions, If		-	CATLLOW		of Van	a cela	1-		2	> ku	the
	gave rise to	Immediate /	(b)	0.000	1							
	cause (a), s	tating the DUE	TO									
_	underlying caus	se last.	(c)								-	
Ö	PART II. OTHER:	SIGNIFICANT CONDITI	DNS CONTRIB	UTING TO OEATH BUT	NDT RELAT	TED TO THE TERMINAL	DISEASE CO	NOITION GIVEN IF	IPART 1(a)	19.	WAS AU PERFOR	TDPSY
S										YE	_	NO F
Ē	2Da. ACCIDENT	WAS UNDERLYING	2Db.	DESCRIBE HOW INJU	JRY DCCUI	RRED. (Enter nature o	f injury in i	Part I or Part II	of Item 18		_ (
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)			•						
쿡	and the same of th	INJURY Month, Day,		INJURY DCCURRED 1	2De. PLAC	E DF INJURY (Home, fa	arm. 2Df.	(City or town)	(Co	unty)	(5	State)
MEDICAL	Hour a.i		While		factor	y, stredt, office bldg., e	tc.)	1				
E	p.	m. 19	at wor				11,	11		4		
	21certif	fy that (I) (this hos	pital) aftend	led the deceased t	from	0/6,1	906, to	5/17		L, th	at (1) (w	ve) last
	saw the de	ceased alive on	615	7 19 66	and that	death occurred at	.05 M, f	rom the causes				above.
	224. SIGNATU	RE	1			ATTENDENC /	MED	STAFF	22b.	DATE SIG	NED	
		Win Eyro			M,D,		MED. DIRECTOR	STAFF PHYS.		1/20	106	
	22c. PHYSICIA NAME (T	ype) ARTU	Ro K	1. Monte	27	22d. ADDRESS	atak	. M.				
238	BURIAL, CREA	ATION 1 23b. DATE	THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. 1	OCATION (City,	town or co	ounty),	(St	ate)
	BURIA (SP	ecify)	1-66	WASH N	27	CEMETER	-	ITLAI	VD	in	D.	
24	. FUNERAL DIRI		1	ADORESS	7 .		C'O BY REG	ISTRAR 25b. I	REGISTRAR	'S SIGN	ATURE	
7	To Him	ITT FUNICE	A Ho	ME ULALT	DOF	MDJUN	291	966 gc	liante	of Cre	del	i
11	I TION	I I VIVER	MC NO	MIC VOIT	4	DATE	HUI	000		1	1	

B17,211 A Local method (MATTIN - 0) Services fraction for the services for t 100 - 400 - 100 - appeal advantage BOD is to HUR.

FOR STATE HEALTH DEPT.

TO DEPUTY MEN EXAMINER: This certificate should be executed within 24 hours after death. If any delay reessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Uneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit—file pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 08345
1. PLACE OF DEATH S. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
MARYLAND MARYLAND	e. STATE MUD b. COUNTY C. ff. f.S
b. CITY DR TOWN (if outside perperate limits, write RUNAL and give nearest town)	c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearast town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADORESS e. IS RESIDENCE
	ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print)	Dowker S DEATH 6 20 1966
5. SEX 6. COLOR OF RACE . MARRIED NEVER MARRIED . WIDOWEGE OIVORCED	8. OATE OF BIRTH 9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 MRS. Months Oays Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR HOUSTRY	11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Wichiam Bowles	LOTTIE M. SchAcker GOD
15. WAS DECEASED EVER IN U.S. AR MED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give way or dates of service)	INFORMANT Addrass
1 100 225-05-3286	MRS. VIRCINIA B. BONLES
18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c).] PART 1. OEATH WAS CAUSED BY:	A P C P 1 25 A INTERVAL BETWEEN PRISET AND DEATH
4 1 0 IMMEDIATE CAUSE (e)	MILY CLERT STON B-1060
Conditions If any which \	
gava risa to immediata	
underlying cause lest.	
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 1
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOTREL 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COCCUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Cod. INJURY OCCURRED COMMING OF COM	URREO. (Enter nature of injury in Part I or Pert II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	GOE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. p.m. 19 at work at work	rry, street, office stage, etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy, Inspection Inquiry, and in my opinion
death resulted from Natural causes . Accident . Su	icide [], Homlcide [], Undetermined manner []
ACTUAL LA deleca	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S P. J. GOLLLON	1. Laddress (Street, city, town, or county) 6-20,66
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	
DURIAL 6-22-66 CEDAR 1-	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(1) mand plangtham tuneral	Home JUN 2 3 1966 fcliarles Judge
- William F. Juning	PAIC

and the second s

VR ATSME (P)

deloy i

This certificate should be executed within 24 hours ofter death.

CAL EXAMINER:

Oak Grove 24. FUNERAL DIRECTOR Funeral Home Inc., La Plata, Md.

6-29-66

REMQVAL (Specify)

DATE JUL

Grayton, Charles Co., Md. 25b. REGISTRAR'S SIGNATURE

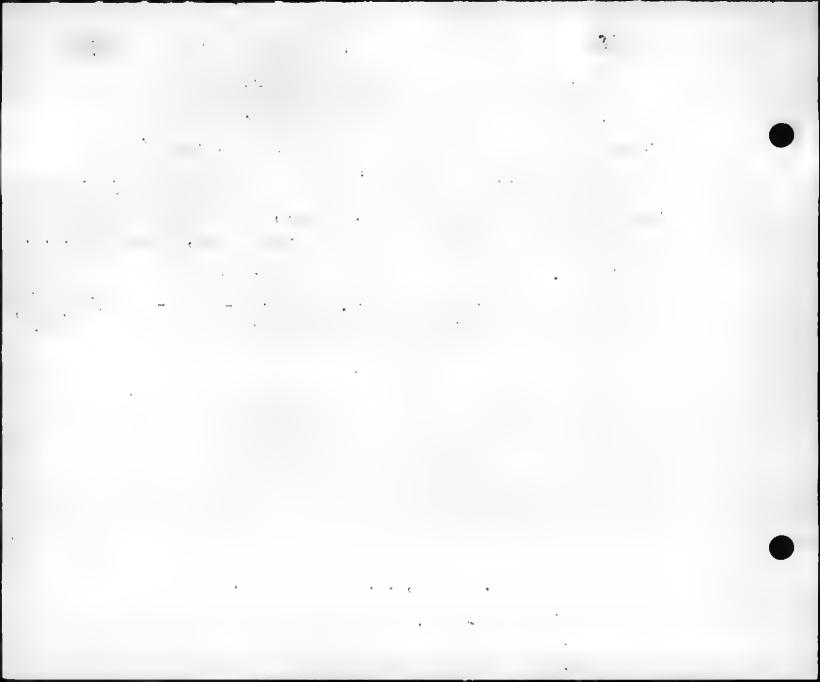
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1		III	tem 20 Film G378 6/27 MARYLAND STATE DEPARTMENT OF HEALTH
The state of the s			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	STATE.		0835\$ MEDICAL EXAMINER'S CERTIFICATE OF DEATH (18347)
HEALTH	DEPT	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY c. STATE T. S. S. COUNTY D.
	(3)	1	Charles MARYLAND 6. STATE Virginia b. COUNTY King George
erally be	ath.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town)
cessa fune may	후		Newburg King George
. ru	Department after death.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State hours	2	Route # 301 Route #2, Box 576 YES □ NO □
Sige.		3.	DECEASED
P. 2 P.	th the in 72		(Type or print) PLOSSIE WAE CORBIN DEATH JUILE 10, 1900
= ° S		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthdey) Months Days Hours Min.
Pages		10	Female White WIDOWED DIVORCED August 2,1918 47 yrs. B. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
¥iit d	eve eve		ring most of working life, even if retired) INDUSTRY Faugui er County Virginicauntry U.S.A.
ong Str	pages I in any	13	House Keeper 14. MOTHER'S MAIDEN NAME
SULS B III			Granville C. Ennis Irene Brent
# 4 p	File	15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addresspid down to Project
-E	permit. removal,	10	(MKOWN, Mrs. Ada Brooks-Sister- Fredricksburg.
with	ELLI O		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
E in ted	or it		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9) IMMEDIATE CAUSE (9) IMMEDIATE CAUSE (9)
	ion, ion		2164 DUE TO - 1411 0 - 156
be e	cremation, or		Conditions, if eny, which are to immediate (b)
EXAMINER: This certificate should be executed within 24 hours after death. The certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with the chief	o pr		cause (a), stelling the DUE TO Charles / ich and high the Minds of the Charles of
Short	ed as a burial,	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
the the	used to bi	CERTIFICATION	YES NO X
in the second	ld be	TE TE	2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Passenger in 2 car accident
is co writ	B E		
er The	3 shoul agent, p	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
NER ifica be i	ed-be	MET	1:49APIX. 0/10 19 00 et work at work At JOI Rewburg Charles Nd.
E SE	s. Pa		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
e e e e	CTOR: Page designated		death resulted from: Natural rauses . Accident . Suicide . Homloide . Undetermined manner .
te at	it a series		ACTUAL ACTUAL ACCISTANT MEDICAL SYAMINED 22. DATE SIGNED
Xecu Pag			DEPUTY MEDICAL EXAMINER IX _ 18 June 1966
F [©] ∴ τ	FUNERAL FUNERAL f Bealth o	`	NAME (Type) Address (Street, city, hown, or county)
O DEPU please directo		23	2) Anstortist ill-interval 1 17 201
P	P°	1/2/	4. FUNERAL DIRECTORY ADDRESS THE PROPERTY OF REGISTRAR'S SIGNATURE
	15ME (5)	1	19 Ett peeler & nomproof mittel 2 2 1000 Mighes Judge
5M	1/65	-	a contraction of the second
			Charles Shapener & harried & are a "



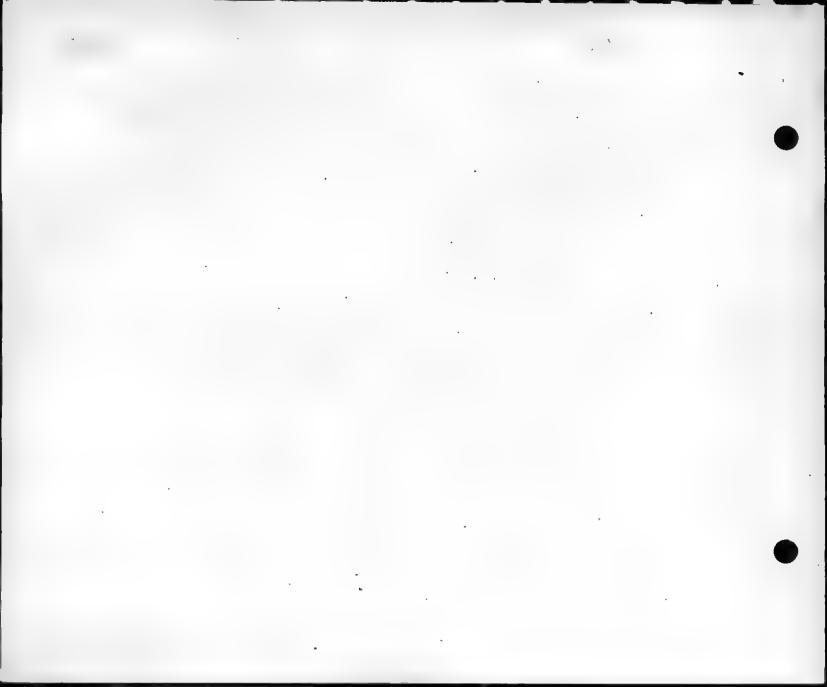
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		MARYLAND STATE DEPA	RTMENT OF F	IEALTH	
	DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 3	01 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
0	00060	CEDTIEICATE	OF DEATH		0.0040

		CERTIFICATE	UT DEATH		0048
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where de		sidence before admission)
	a. COUNTY CHARLES	MADVIAND	a. STATE MAP. II O	b. COUNTY	LAPLES
		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporate limits, write RURAL	and give nearest town)
	Write RURAL and give nearest town)		(1)11:-	Plaine	00.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	nital alva etraat addrage)	d. STREET ADDRESS	- M 1 /V ->	l e. IS RESIDENCE
1 4	2 de la companya de l	pital, gilb street address/	u. Sincer Applicas		ON A FARM?
1	HYSICIANS INEMORIA	L HOSP.			YES NO
3.	NAME OF First DECEASED	Middle	Last 4. DATE	Month	Day Year
	(Type or print)	RVING V	HI DEAT		1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH 9	Last birthday) Months	Days Hours Min.
	TALE CAU, WIDOWED	DIVORCED [2-11-18871	/ 9 yrs.	
		ID OF BUSINESS OR BUSINESS OR	11. BIRTHPLACE (County & State	e, or foreign country) 12. Cl	TIZEN OF WHAT
"		BACCO	LUBBLES MA	DRVLAND 1	1,5,A.
13		7770-0	14. MOTHER'S MAIDEN NAME	11 Janes	
	J. GWYNN DAY	115	LizA A	MAN PAG	
	. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17.	INFORMANT	Address	
(Y	es, no, or unknown) (If yes give war or dates of service) 23/	-12-9833 5	Axis DAME 1	Mitte Plain	< MD
-	18. CAUSE OF DEATH [Enter only one cause per line		HOIE VHVIS X	MILE LEWIN	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	< / //	1 000 20 /2	ni Vune	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Jen's	seene Ti	et xiere-	1 - Kar (1/2)
	7500 DUE TO	47.	list kon.		17161
	Conditions, If any, which gave rise to immediate (b)	ALTIC !	icacc fileco	ne se In	66
	cause (a), stating the DUE TO				
_	underlying cause last. (c)				
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	INC TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in f	Part or Part of Item 18.	
19	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
¥	20c. TIME OF INJURY Month, Day, Year 20d. INJ	URY OCCURRED 20e. PLAC		(City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While	- Not write -:	ry, street, office bidg., etc.)		
Σ	p.m. 19 at work	at work	2 -26 1967 to	1	that III (up) look
	21. I certify that (I) (this hospital) attended	14 - 1. "	1110		that (I) (we) last
	saw the deceased alive on (12)	19/2/ and that	death occurred at 7.44 M, f	rom the causes and on th	TE SICNED
	2 // /	Coll -un	ATTENDING MED.	STAFF -	-0-66
	22c. PHYSICIAN'S	M.D.	PHYS. DIRECTOR	PHYS 6	1 00
	NAME (Type)	DEL EN	1X/9 1) LA	ALATA, 1	MD.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 236. L	OCATION (City, town or cou	nty) (State)
	REMOVAL (Specify)	Caul D.	- 17-00 111	ALDODE	MD
24	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REC	ISTRAR 25b. REGISTRAR'S	S SICNATURE
17	TO HULLT FULL PALS	Home Warne	4 4444 4 6 4	966 Jeliantes	12 1
12	HE HUNIT TUNERIE)	YUTTLE JUHLLOUS	LET MEHOUTIN TO I	300	0 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or emoved, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

# 2 #	- 5	0.04-			OCITITION	I L OI	OFWILL			034	
death,		PLACE OF DEATH						(Where deceased	l lived, If Instituti	on: Residence	before admission)
er i	•		rles		ssanvi and	a, S	arylan	a	b. COUNTY		
the the	— _i	o, CITY OR TOWN (if outside corporate limi	its. c. Li	MARYLAND ENGTH OF STAY IN 1	c. CITY	OR TOWN /If DI	utside corporal	Charl ie limits, write Ri	RAL and ph	re nearest town)
nours arter 1 in by the f s. Pages 1 i hours after		Maryland	d give nearest town)		9-Days	III .	ns Ros			10	/
red i		d. NAME OF HOSPIT	TAL OR INSTITUTION (If I	not in hospita	l, give street addres		ET AODRESS				, IS RESIDENCE
filled i papers.			Memorial]				A. 1	. 1 Pag			ON A FARM?
		VANCE OF						st Roa			res No X
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this eta	MEDICAL		JRY Month, Day, Year	20d. INJURY		ACE OF INJU	JRY (Home, farm	n, 20f. (City	or town)	(County)	(State)
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		228 PHYSICIAN'S		450.	Z	D. PHYS.	ADORESS	RECTOR L	PHYS.	,, ~, .	
TO HOSPITAL OR ATTEND Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	/	J aline gype		ID			Indian	Head I	/Id		
D HOS Page O FUN direct should	23a.	BURIAL, CREMATI	ON, 23b. OATE THERE	OF 23c.	NAME OF CEMETE	RY OR CREM	ATORY	23d. LOCATI	ON (City, town o	r county)	(State)
2 P P S		_removal (specify Burial	" 6/6/196	6 B	umpy Oak	Cemet	erv	Pomo	nkey ,	Mary.	land
	24.	FUNERAL DIRECTO		, ,	ADDRESS		25a. REC'C	BY RECISTRA	R 25b. REGIST	RAR'S SICN	ATURE
VR A15 (4) DA	A	chant Far	nonol Home	Tne	To Dlote	Ma	LUN ?	7 1966	golian	Ja . O	100
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FOR STATE HEALTH DEPT. P.M.3 Page deloy 's the State Department of

in any event within 72 hours after death

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File ond

permit or removal,

burial-transit

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be used as

Health or its designated agent, prior ta bur al, crematian,

farm

along with

8 Give Pages 1,

in pencil in Item

pending"

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner,

necessary, please execute the certificate, writing the ward

MEDICAL EXAMINER:

TO DEPUTY

This certificate shauld be executed within 24 haurs after death

A CTATICTICAL DECCADON

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	98362	2	MED	ICAL EXAMINE	er's	CERTIFICATE O	F DE	ATH	()	835	()	_/_
	D PLACE OF DEATH	Otto d				2 USUAL RESIDENCE (V		1 0	en a construction of the c			srf)
1	b. COUNTY	Charles Co	ounty	MARYLA	IND	o STATE Mary	yland	d b (OUNTY St	. Ma:	rys	
		outside corporate limit: give nearest town)	5	c LENGTH OF STAY IN	1b	c CTY OR TOWN (for	,		RURAL ond	give neore:	st town)	
	LAPLATA	give nedrest town)		_ D.O.A.		Lex:	ingto	on Park		1 +	-2	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address)					d STREET ADDRESS					e IS RESIE	DENCE ARM2.
	J	Physicians	Memori	al HOSPITA							YES 🗌	NO XX
	3 NAME OF DECEASED	Fil	rst	Middle		Lost	4. DAT	E N	onth	Doy	Y Ye	or
	(Type or pnnt)	JOH		L.		HAYDEN	DEA		5	5	196	
	S. SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		9 AGE (n years lost birthday)		ER I YEAR S Dovs	Hours	R 24 HRS.
	Male	White	W DOWED	DIVORCED		or. 16,1914		51 yrs				1,11,1
	10o USUAL OCCUPATION (Give kind of work done le even if retired)		ND OF BUSINESS OR COUSTRY		11 BIRTHPLACE (State		""	12	COUNTRY ?		
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ı	13 FATHER'S NAME					14 MOTHERS MA DEN N	IAME					
		MES BRADLE				SUBJE E	. Lu					
	1S. WAS DECEASED EVER (Yes, no, or unknown) (()			OCIAL SECURITY NO.	17 11	NFORMANT		Ac	ldress			
	No			9-07-7150	ELI	ZABETH LEE	HAYD	EN LEXI	NGTON	PARK	Mo	•
ı	18 CAUSE OF DEA	TH (Enter only one could WAS CAUSED BY:			. 4. 4 .	The state Diana					ERVAL BET	
ı		IMMEDIATE CAUSE	(0)	rterioscier	0510	Heart Dise	ease			-		LA.11)
ı	Conditions, if ony,		10									
1	rise to immediate		(b)							-		
1	stoting the underly	Alud conze										
1		lost. (c) 19 WAS AUTOPSY										
	6							PERFOR MI	MO [
		SE WAS FRIBUTING []	20b DE	CRIBE HOW INJURY OCCU	JRRED (Enter noture of injury in I	Port I or F	Port II of Item 18)		74		
	20c TIME OF INJUR Hour om	Y Month, Day, Year 19		Not While		E OF INJURY (Home form ry, street, office bldg , etc.)		(City or town)		(County)	(Stote)

9 VR A15ME (5), 6M 1/66

FUNERAL DIRECTOR: Page 3 shauld

may be retained

Russell S. Fisher, M.D. 23b DATE THEREOF JUNE 8.1966

Natural causes X

Accident

21 | certify that I took charge of the remains described above, held on Autopsy |X|,

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

CHIEF MED CAL EXAMINER

Homicide

22. DATE SIGNED 6-6-66

ond in my opinion

(Stote)

NAME (Type) BURIAL CREMATION. REMOVAL (Specify)
BURSAL

death resulted from

ACTUAL

SIGNATURE

EXAMINER'S

23c NAME OF CEMETERY OR CREMATORY

Suicide

Address (Street, city, town, or county) 23d LOCATION (City or Town)

Inspection

ST. MICHAELS CEMETERY REGISTRAR

ADDRESS 250 RECU BY REGISTRAR FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

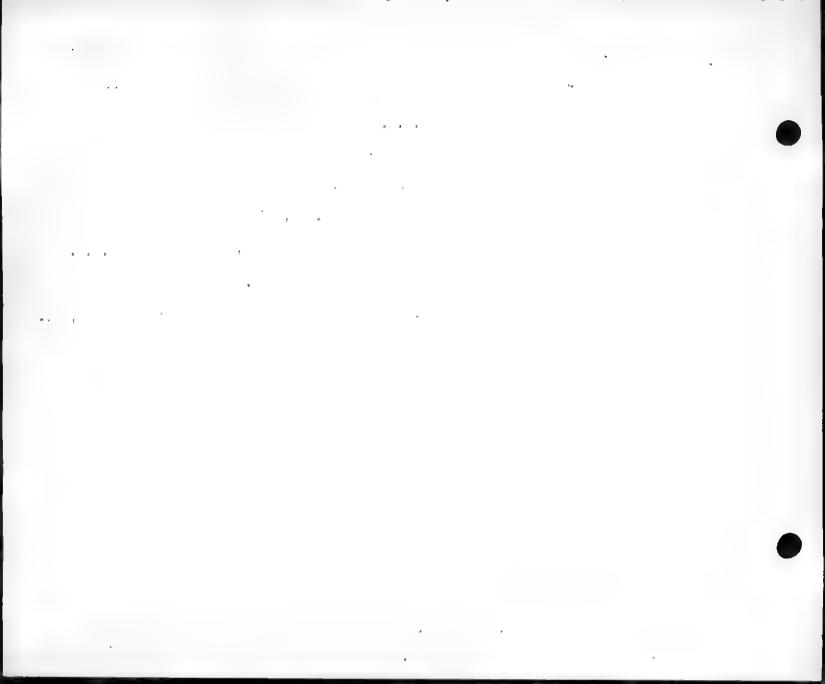
1966

Inquiry [

Undetermined monner

2Sb. REGISTRAR S SIGNATURE

(County)



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate shows be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencii in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

used as a burial-transit permit. File pages, and 2 with the State Department to burial, cremation, or removal, and in any event within 72 hours after death. 3 should be agent, prior t O FUNERAL DIRECTOR: Page of Health or its designated 2

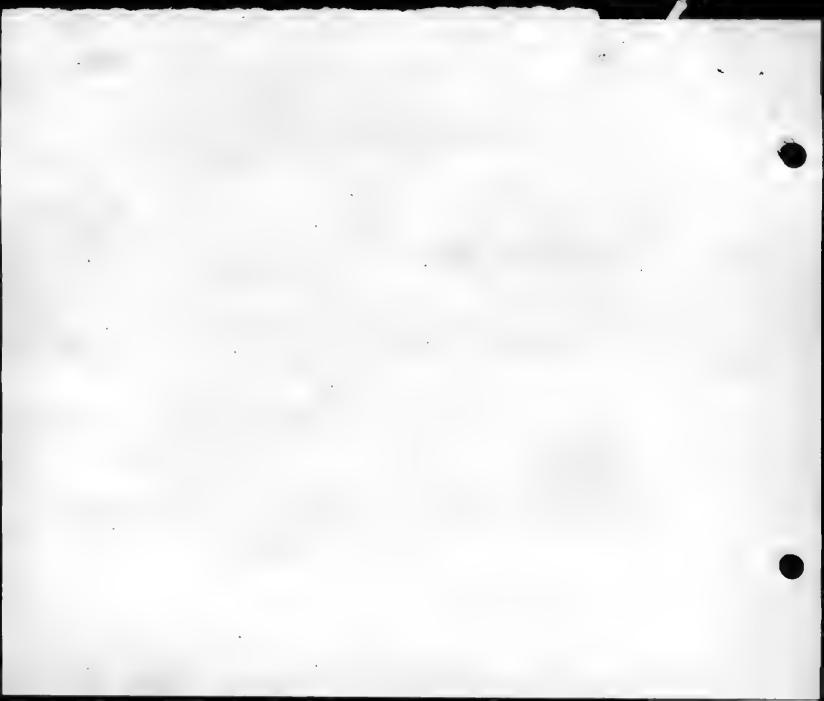
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HANDYERTS MED. BY BALTING & BUSINESS FOR STREET, BALTING RE

00000	
1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lired, If Institution: Residence before admission) a. STATE b. COUNTY
CHARLES MARYLAND	a. STATE MD. b. COUNTY CHARLES
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
HUGHESVILLE	HUGHESVILLE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	RTI BOX 142 YES NO [
3. NAME OF , First Middle	Last 4. DATE Month Day Yeer
DECEASED //	OF .
(Type or print) VVENZEL KO	DATE OF BIRTH OF 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [] 8	9. AGE (In years FUNDER 1 YEAR) IF UNDER 24 HRS. 1
MIALE CAU, WIDOWED DIVORCED T	1 py 1 C 2 9, 01 9 9 3 yrs.
10e. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY FARMER TOBACCO	AUSTRIA VISIA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Market
UNKNOWN	UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. of up yokown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
1 NO 337 NU	LLIE KOLLER HUGHESUILLE. MD.
18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (8)	
DUE TO DUE TO	Wied Line
Conditions, if eny, which (b)	med onon
gave rise to immediate cause (a), stating the DUE TO	1 1 1 9 A
underlying cause last. (c) Twelly	eland Meet - Ming from thee
	TED TO THE TERMINAL DISEASE CONDITION GIVEN 1 PART 1(a) 19. WAS AUTOPSY PERFORMED?
TA TA	YES T NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXFERDAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESOR BE HOW INJURY OCCUR. 20c. TIME OF LAURY Month, Day, Year 20d. HNJURY OCCURRED 20e. PLA HOUR am Plant 1975 While at work at work at work	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY For CONTRIBUTING CAUSE OF DEATH.	(titles (saire) travers of signify the sair to the travers so the sair
G CAUSE OF DEATH.	
3 20c. TIME OF HURY Month, Day, Year 20d. WIURY OCCURRED 208. PLA	CS OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour (a m.) While Not While at work at work	Farm Hill glesvalle they Mis.
21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry and In my opinion
death resulted from: Matural causes [], Accident [], Sui	cide Homicide , Undetermined manner
1 1000	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE (S) deleu	M.D. ASSISTANT MEDICAL EXAMINER
The transport of the tr	DEPUTY MEDICAL EXAMINER
NAME (Type) / E DELEN	(1) Address (Street, city, town, or county) 6-2/66
Foot partition for partie attended	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) 6-20-66 ST MARYS	CEM. BRYDNITOUN MA.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The Hunge FUNGARI Shore WIRLARDE	- Mr
MIELLAND I INNEKH - INNIE, WITT-DOKE	1 1966 Charles Judge
	- 0

VR A15ME 3500 4-64



Item 1d FCERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Maryland 6. COUNTY Charles MARYLAND Charles CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Waldorf ProbleW d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE Mt 2 Box 287 At home -- Berry Road YES NO TO NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) Carol Ann Major June 1966 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years tost birthday) B DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HPS Months Days demale Cau WIDOWED I DIVORCED | April 4, 1958 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Grade School Washington, D.C. H.S.A. Studend 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME James M. Major Bertha Higgins 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No James M. Major, Waldorf, Maryland None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES I NO 15 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Parl II of item 18) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg , etc.) Hour a.m While Not while of work 21. I certify that I attended the deceased fram May 15, 1966, to WNE 5, 1966, that I last saw the deceased 66, and that death accurred at 8 M, from the causes and an the date stated above. ADDRESS (Street, city or town, slote) DATE SIGNED June 5,1966 PHYSICIAN'S ROBERT W. MERKLE Waldorf, Maryland 220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 6-8-66 Arlington National Arlington, Virginia Rurial 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR The Huntt Funeral Home . Waldorf . Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

r death. Page

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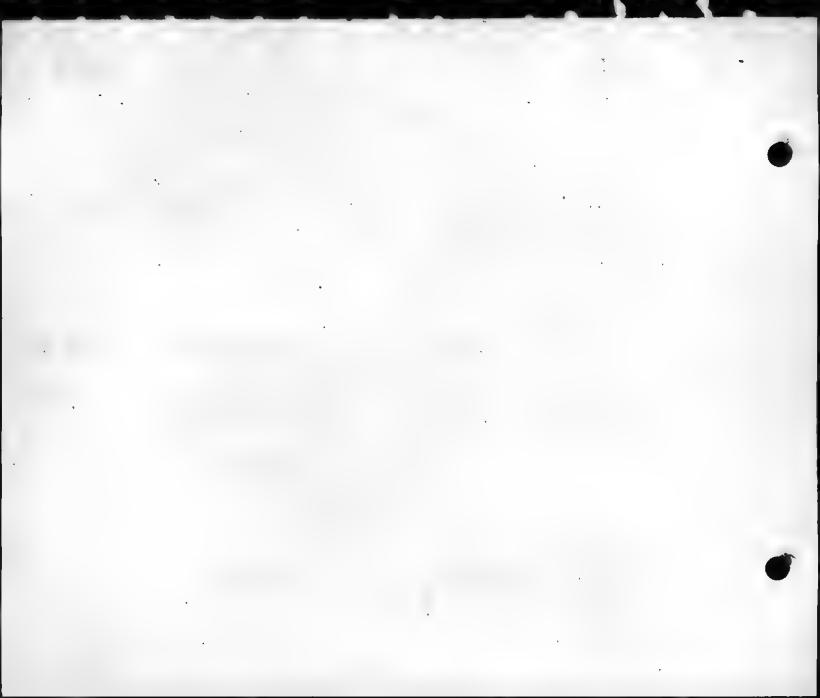
FOR STATE HEALTH DEPT.

O DEPUTY ME EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please exec. certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 is referred director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY ME

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4	MEDICAL EXAMINER 3 CERTIFICATE OF BEATT	1000
	1. PLACE DE BRATH a. COUNTY 2. USUAL RESIDENCE (Where neceased lived, if institution: Besto a. STATE D. CITY OF TOWN (if outside corporate limits, write RURAL and give nearesotown) D. CITY OF TOWN (if outside corporate Amits, write RURAL and give nearesotown)	arles
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		YES -NO
	OPECASED (Type or print) Doston Frnest ON GOMERY DEATH O	Day Year D 1900 EAR IIF UNDER 24 HRS.
	6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III YEAR PONDER TY MONTHS DA JOYUNG DIVORCED VIS. Vys.	
	10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 111, BHRTHPLACE (State or foreign country) 12, CITIZ	ZEN OF WHAT
	Her Montgomery Liccian O'Br	ien,
	15: WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) YES, MYLY US WW II. 579-07-5172 Mary Lucicle Herbe:	Mechanic of Succession
	PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILUAL	ONSET IND DENT
	conditions, if any, which by the state of th	1960
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO CHRONIC ALCOHOLISM	1955
	OT THE STATE OF TH	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year Pour Service Services at work 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (County factory, street, office bidg., etc.)	y) (State)
	21. I certify that took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	and in my opinion
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
yl.	EXAMINER'S NAME (Type) 23a. BURIAL CREMATION 23b. DATE THEREOF 23ch NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county)	/-66 (syate)
	BREMOVAL (Specify) 7-4-66 A Ving ton 1 Stional Avenue of Center of Chemistry 250. Education (515), town of Center of Chemistry 250. Education (515), town of Center of Chemistry 250. Registrar 250. Regi	Va.
	The Hent Thenes of Home, Waldorf, MidroATE UL 6 1966 Scharle	Judge

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FOR STATE DEPT

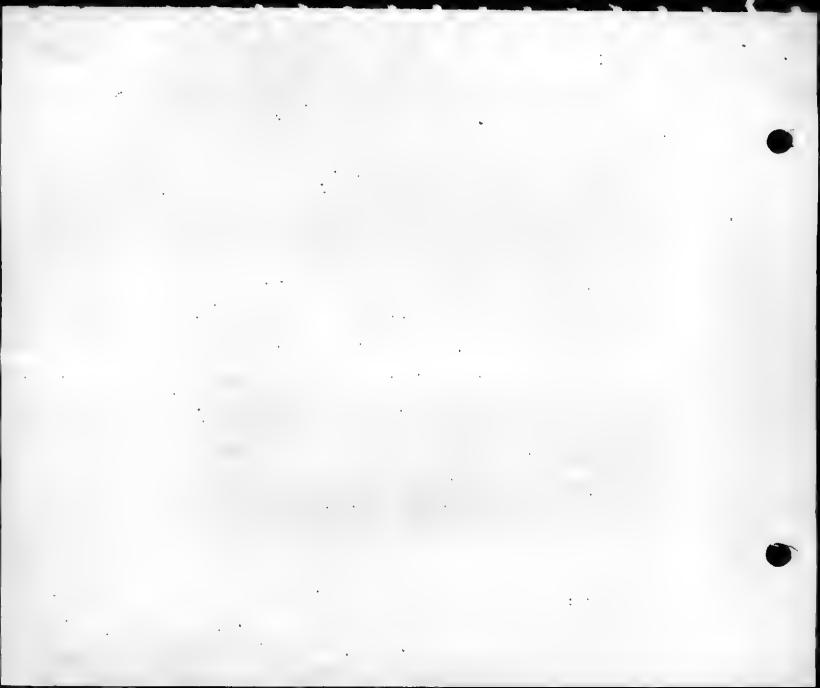
TO DEPUTY MED EXAMINER: This certificate word "pending" in pencil in Item 26—Cive Pages 1, 2, and 3 to 5 therestored execute the certificate, writing the word "pending" in pencil in Item 26—Cive Pages 1, 2, and 3 to 5 therestored certificate, writing the word "pending" in pencil in Item 26—Cive Pages 1, 2, and 3 to 5 therestored certificate, Page 4 should be forwarded to the Chief Medical Examiner's Office Cong with form PN3. Page 5 may be retained for your files.

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VR AISME (5) 5M 1/65

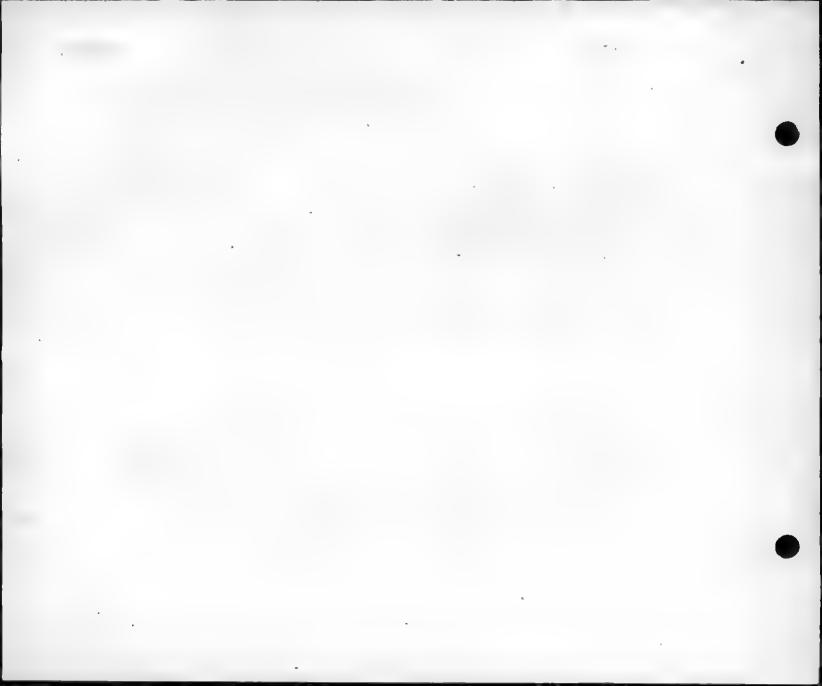
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	18366	MEDICAL EXAM	VINER'S	CERTIFICATE	OF DEATH	·	11835	4
/1	a. COUNTY				(Where deceased lived,	. If institution: Re	esidence before ad	mission)
	Char	rlas	MARYLAND	a, STATE	ary land		カオンし	25
	b. CITY OR TOWN (If outside co , write RURAL and give neares		H OF STAY IN 1b	c. CITY OR TOWN (If ou	isida corporate lim	its, write RURAL	and give neares	t town)
	Waldort.	(Rural)		Walde	02 ti,		6 6 - 1	
	d. NAME OF HOSPITAL OR-INSTI	TWITON (if not in Mospital, give	e street address)	d. STREET ADDRESS			e. IS RES	ARM?
-								ио 🔀
3	NAME OF DECEASED (Type or print)	IFE MAK	lipale,	KTIAND	CONTRACTOR OF DEATH	Month	Day Yea / 2/. 194	26
5	. SEX 6. COLOR OR F	RACE 7. MARRIED 1 NEVER	MARRIED 8	DATE OF BIRTH	9. AGE (in	years IFUNOER : hday) Months	Days Hours	24 HRS.
	F (4)	WIOOWED	DIVORCED	1124 4, 19:	10/36	yrs.		1
di	Da. USUAL OCCUPATION (Give kind of uring most of working life, even if	retired) INDUSTRY	a .C	BIRTHPLACE (State	for foreign country		TIZEN OF WHAT	9.
Į	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME /	/		
	Joseph /	Trobel		A Gat	ha Hi	enz		
	5. WAS DECEASED OVER IN U.S. ARM Yes (no), or unknown) / (If yes give war or	dates of societa)		INFORMANT		Address Hu	cahesul	Cla
Ĺ	10	579-4	0-9666Mi	rs. Lena l	- Gardi	ner.	'Md.	
	PART I, DEATH WAS CAUS	EO BY:	(b), and (c).]	r Dist	Ent St	Lot	ONSET AND C	
ı	1	OUE TO	1	-11/10/	1-		1	11
	Conditions, If any, which	(b) 12 12 2	erie (C7 (14	1. Stoc		6-11	66
	gave rise to immediate (DUE TO	n 1 2	Je to come	1.1.6	r		
	underlying cause last.	(c) 16 16 16 6	it let	ice willing	2664 7 Co		THE STATE ALL	zonov.
TION	PART II. OTHER SIGNIFICANT CO	ADITIONS CONTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIV	PEN IN PART 1(a)	19. WAS AU PERFORT	
FIC	20a. EXTERNAL CAUSE WAS	20b. OESCRIBE I	OW INJURY OCCU	RRED, (Enter nature of Ir	nlury in Part I or Pa	rt li of Item 18.		140
MEDICAL CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	SeLF	INFL	10-10-D				
ICAL	20c. TIME OF INJURY Month,	Day, Year 20d, INJURY OCC	factor	CE OF INJURY (Home, farm ry, street, office bidg., etc.		7	-7	State)
ME	p.m. 6-/2	19 at work at we		Tazare.		l'di	each fil	a'
	21. I certify that I took o	charge of the remains desc	ribed above, held	d an Autopsy 🔲,	Inspection .	Inquiry,	and In my	opinion
	death resulted from: Na	atúral causes 🔲, 🛮 Accid	ient, Suid	cide 📺 Homicide		mined manner		
	ACTUAL	· deter		CHIEF MEDICAL E			22. DATE S	SIGNED
	SIGNATURE	7 / 1 /		M.O. ASSISTANT MEDICAL DEPUTY MEDICAL				e4
-	EXAMINER'S Edwar	d J. Edele	n M. C	, Address (Street,	city, town, or county		12 6	(, =
2	BURIAL, CREMATION, 23b, (Secolor)	0ATE THEREOF 230. NA	ME OF CEMETERY	or crematory	BAGZI	1 town	, Ilk	1 .
2	The Huntle He	ing af Home	Walder	Fred 258. JUNIO	15 1966	Clare	S SIGNATURE	
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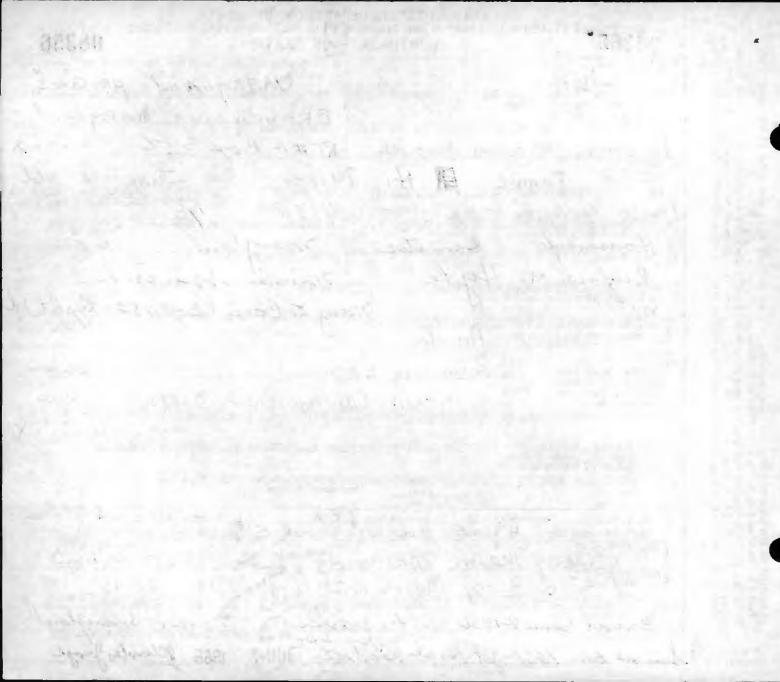


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Mary land Charles MARYLAND b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) P.M3. write RURAL and give nearest town)
Nanjemoy One Yr. Nanjemoy d NAME OF HOSP TAL OR INSTITUT ON (If not in nospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? hours Office along with form Item 18. Give Poges YES NO TO be executed within 24 hours ofter death First Tibbs 3 NAME OF Middle Last 4. DATE Doy Year OFCEASED Dorothy May OF within DEATH s. sex Female 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | 1F UNDER 24 HRS NEVER MARRIED Negro lost birthdoy) Hours 6-6-65 WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (Stote or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT **INDUSTRY** Marbury Md. **COUNTRY?** e, writing the ward "pending" in penc.l in farwarded to the Chief Medical Examiner's Infant. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Lloyd Tibbs Ethel Garroll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, op, ar unknown) (If yes give war ar dates of service) Lloyd Tibbs-Father-Nanjemoy removal None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Pneumonia Broncho Ь IMMEDIATE CAUSE (o) This certificate should cremotion, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse used as burial, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO IX its designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Item 18.) pluods should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) Not While FUNERAL DIRECTOR: Poge of wark at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 177 Inquiry + x and in my opinian tunerol director, death resulted fram Natural causes XX. Accident . Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 🔲 TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER 6-26-66 **EXAMINER** James E. Andrews Address (Street, city, fown, or county) the PREMATION 23d LOCATION (City of Jown) UNERAL DIRECTO 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Charley VR ATSME_(5 1966 6M 1/6 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



/1/	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVIAND
	4	08368 CERTIFICATE OF DEATH	18356
after death. the funeral ges 1 and 2 after death.	1 1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Res	Idence before admission)
the fu		LACYLES MARYLAND MARYLAND - DR	
		b. CITY OR TOWN (if outside corporate limits, write FURAL and live pearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write FURAL a	nd give nearest town)
hours hours rs. Pa		d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
fille fille in 7.	62	Physicians Memorral Hospital RT#1-Box 35616-2	YES NO NO
executed within completely remove carbon languages.	3	DECEASED	Day Year
ed v ompl	5	(Type or print) Famile of the DEATH JUNE	YEAR IIF UNDER 24 HRS.
ficate be executed physicial and please phone over wal, and in any everyal, and in any everyal and everya	. 1	7. WHITE I THE WARRIED THE PER WARRIED	Days Hours Min.
be e	l d	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTH/LACE (County & State, of foreign country) 12, CIT	IZEN OF WHAT
hysic hysic	_		-54_
certificate nding physical Then ple removal, a		Ruden M. Ando mi	
_ 925	í	5. WAS DECEASED EVER IN U.S. ARMED FORCES! A. SOCIAL SECURITY NO. 17. INFORMANT Address (es, mo, or unique) (If yes give war or dates of service)	0 01.1
	_	no many 2. Bais Box 482-	to plata no
law regulres that the death thending physician. has been signed by the attains a sa the burial-transit permanion to burial, cremation, a		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DOX ICC	INTERVAL BETWEEN ONSET AND DEATH
requires that the nding physician. the signed by the burial-transit or to burial, crema		443 X DUE TO O	1 .
Ilres 5 phy 6 phy buri		Conditions, if any, which gave rise to immediate (b) fulmonary Edema	60 min
law reduttending ttending has bee as the prior to		cause (a), stating the OUE TO HIS DEILERS EVE CANDES TO COLOR	years
atte	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
at or medicate the	0 4	AND ADDITION WAS TRANSPORTED AND ADDITIONAL OF THE PARTY	YES NO
CIAN Sspitt certi	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSI he ha this letaci	143		ty) (State)
MG by the be constant	MEDICAL		
ATTENDING retained by ECTOR: After Should be with the Stal		21. I certify that (I) (this hospital) attended the deceased from 150, 1961, to 4. JVN = 1966 saw the deceased alive on 4. JVN = 1966, and that death occurred a 5.5M, from the causes and on the	
A ATT		22a. SIGNATUNE / 22b. DA)	E SIGNED
ay by		22c. PHYSICIAN'S 2 DIRECTOR PHYS. 22d. ADDRESS.	flin66
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Debt. of Health prior to burial, creasing the control of the state	1	NAME (Type) J. G. Barry Mason Mip La Plata, Md. 20646	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospital or attent TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dert, of Health prio	2	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	ity) (State)
H F "	0 -	4. FUNERAL DIRECTOR / ADDRESS / LANGE REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15 (4)	THE	inner Bros. 1661-Bd Hope Roads & JAN 7 1966 Acharles	Judge.
15M 4-64	13	The state of the s	- 6



2.0	7.	08369 CERTIFICAT		OF (Where deceased lived, If institution:	Residence before admissio
		charles MARYLAND	3. AA) 4///	177 D. CUUNIT	/
		b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (II	f outside corporate limits, write RURA	4 A mil
		LaPlata Md 14-Hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	Washington,	
	P	hysicians Memorial, LaPlata Md.		Astor Place, S.E.	0. IS RESIDENCE ON A FARM? YES NO S
	3.	NAME OF FIRST Middle	Last	4. DATE Month	Day Year
ŀ	5.	(Type or print) (Baby) Woodland	8. DATE OF BIRTH	DEATH 6-28-66	20
ı		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	6-28-66	9. AGE (In years JFUNDE last birthday) Months	Days Hours Min
1	10a.	USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (C	county & State, or foreign country) 12.	CITIZEN OF WHAT
l		None None None	Charles	County Marylan	d USA
		FATHER'S NAME William Butler	Mary Wo		
	(Yeş	WAS DECEASED EVER IN U.S. ARMED FORCES? No, or unknown) (If yes give war or dates of service) None 17	Mother-512	-Astor Place-SE ry Woodland	-Washingto
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
		772 SIMMEDIATE CAUSE (a) Cardiac Failur	re		Immediate
ı		Conditions, If any, which) Prematurity-7-Mths			
ı	-	gave rise to immediate cause (a), stating the DUE TO	710113		
ı	~	underlying cause last. (c)			
	CAT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL			YES NO
а.		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of	f injury in Part I or Part II of Item 1	8.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED LANGE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 At work a				ounty) (State)
ı	1	21. I certify that (I) (this hospital) attended the deceased from			that (I) (we) la
	-	saw the deceased alive on 6-28-66 19 , and the	at death occurred at	M, from the causes and on	the date stated abov DATE SIGNED
	-	A Company M.	D. PHYS.		-29-66
		22c. PHYSICAN'S NAME (Type) James E. Andrews		ead Md	
1.	23ag	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (CITY) before or	ounty) (State)
1	24/	FUNERAL BIRECTOR ADDRESS ADDRESS	000 25a, RE	CO BY REGISTRAN 256. REGISTRAN	R'S SIGNATURE